)EPARTMENT OF SOCIAL SERVICES
,44 P Street, Sacramento, CA 95814

July 7, 1982

ALL-COUNTY INFORMATION NOTICE 1-78-82

TO: ALL PUBLIC AND PRIVATE ADOPTION AGENCIES
     ALL DEPARTMENT OF SOCIAL SERVICES RELINQUISHMENT BUREAU DISTRICT OFFICES

SUBJECT: COMBINING OF FORMS AD 90, SUPPORTING INFORMATION FOR ISSUANCE OF
          DEPARTMENT ACKNOWLEDGEMENT AND WAIVER, AND AD 550, ACCEPTANCE OF
          CHILD FOR INITIAL STUDY

Information contained on the Form AD 550 has been incorporated into the form
AD 90, so that only the latter form is to be filed with this Department.

A copy of the revised AD 90 is attached to this letter. Please note that it
is important to fill out the appropriate sections on both sides of the revised
AD 90 or the document will need to be returned to the agency or district office
for completion. The revised AD 90 is now available and should be ordered from
the Department of Social Services Warehouse, 6150 27th Street, M.S. 19-20,
Sacramento, CA 95822. As soon as the revised forms are received, they should be
used for filing documents with this Department on all those children for whom
the AD 550 and AD 90 have not already been filed.

Adoption regulation 22 C.A.C., section 30573, will be amended in the future to
reflect the deletion of the form AD 550.

If there are any questions regarding the use of any of these forms, please contact
your adoption program consultant.

CLAUDE FINN
Deputy Director
Adult and Family Services Division

Attachment

cc:CWDA

SUPPORTING INFORMATION FOR ISSUANCE OF DEPARTMENT OF SOCIAL SERVICES
WAIVER AND ACKNOWLEDGMENT

Instructions: *Prepare in duplicate; keep copy; send original to Department of Social Services.*
If additional space is necessary, use reverse side.

At

I.   CHILD

Name (Last)	(First)	(Middle)	Birthdate (Month Day Year)	Sex	Birthplace (City State)	Verified	
						Yes	No

II.   PARENT(S) — NAMES (Include all AKA.s)

Mother's Maiden Name		Birthdate (Mo. Day Yr.)	Birthplace (City State)

MOTHER			PRESUMED FATHER(S)			ALLEGED NATURAL FATHER(S)		
Last	First	Middle	Last	First	Middle	Last	First	Middle
			List Additional Presumed Fathers					

If Mother Deceased Show Date of Death	Presumed Father Same as Natural Father	If Alleged Natural Father Deceased Show Date of Death
Verified ☐ Yes ☐ No	☐ Yes ☐ No	Verified ☐ Yes ☐ No

III.   MARITAL HISTORY OF MOTHER   ☐ MOTHER   ☐ NEVER MARRIED   (Show Dates — Month, Day, Year)

Name of Spouse(s)	Marriage Mo. Day Yr.	Verified Yes No	Final Dissolution	Annul.	Death Husband	Verified Yes No

IV.   Check if applicable:

☐ Mother and presumed father married and cohabiting and husband not impotent or sterile (per Evidence Code Section 621). Therefore, no action taken on alleged natural father.

☐ Father meets definition of presumed father per Civil Code Section 7004(a) (4); i.e., he received the child into his home and openly held out the child as his natural child.

V   Check applicable box for parent relinquishing:

A. Parent competent to sign relinquishment.	☐ Mother	☐ Presumed Father	☐ Alleged natural father
B. Parent is under psychiatric care. (In-patient or out-patient)	☐ Mother	☐ Presumed Father	☐ Alleged natural father relinquishing
Treating or supervising physician's statement attached. Show date of examination on which statement is based.	☐ Mother _____ Date	☐ Presumed Father _____ Date	☐ Alleged natural father relinquishing _____ Date
C Parent is discharged from hospital or psychiatric care. Show date of verification of discharge or termination.	☐ Mother _____ Date	☐ Presumed Father _____ Date	☐ Alleged natural father relinquishing _____ Date

Approved By Name and Title	Date

AD 90 (5. 82)   **NOTE:**   Paragraphs VI and VII on reverse side must be completed.

VII. Child has Indian ancestry?   Yes _____   No _____   . If Yes, fill in A, B, C below, as applicable.

A. Bureau of Indian Affairs (BIA) determined child is _____ is not _____ subject to provisions of Indian Child Welfare Act.

B. Reply to AD 4311, Information on American Indian Child (Adoption Program), from BIA received _____
<div align="right">Date</div>

<div align="center">OR</div>

C. Previous communication from BIA received _____ (attach copy)
<div align="center">Date</div>

Complete VIII if applicable:

VIII. Relinquishment was held for up to 30 days and return of child was not requested by:

☐ Mother   ☐ Presumed father   ☐ Alleged natural father

IX. OTHER CHILDREN OF MOTHER OR FATHER (NATURAL) (Complete if applicable)

Child's Name		Birthday	Mother's Name			Father (Natural)		
Last	First		Last	First	Middle	Last	First	Middle